

FILED IN THE
U.S. DISTRICT COURT
EASTERN DISTRICT OF WASHINGTON

Jun 23, 2017

SEAN F. MCAVOY, CLERK

United States District Court
Eastern District of Washington

ELLIOTT D. GOODIN

(In the space above enter the full name(s) of the plaintiff(s).)

2:17-CV-217-TOR

-against-

(To be filled out by Clerk's
Office only)

Eastern State Hospital

COMPLAINT

Jury Demand?

☒ Yes

☐ No

(In the space above enter the full name(s) of the defendant(s).

If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Section I. Do not include addresses here.)

NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

If this is an employment discrimination claim or social security claim, please use a different form.

Plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

RECEIVED

JUN 21 2017

Page 1 of 8

CLERK, U.S. DISTRICT COURT
SPOKANE, WA

I. PARTIES IN THIS COMPLAINT**Plaintiff**

List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff:

GOODIN, ELLIOTT, D.

Name (Last, First, MI)

800 Maple St.

Street Address

Spokane, Medical Lake, WA

County, City

State

99022

Zip Code

(509) 565-4138

Telephone Number

E-mail Address (if available)

Defendant(s)

(509) 565-4647

(509) 565-4141

List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant 1:

Bahder, Gregory

Name (Last, First)

800 maple st.

Street Address

Spokane, Medical Lake, WA

County, City

State

99022

Zip Code

Defendant 2:

Caldwell, Sean

Name (Last, First)

800 maple st.

Street Address

Spokane, Medical Lake, WA

County, City

State

99022

Zip Code

Defendant(s) Continued

Defendant 3:

Name (Last, First)

Street Address

County, City

State

Zip Code

Defendant 4:

Name (Last, First)

Street Address

County, City

State

Zip Code

II. BASIS FOR JURISDICTION

Check the option that best describes the basis for jurisdiction in your case:

- ☐ **U.S. Government Defendant:** United States or a federal official or agency is a defendant.
- ☐ **Diversity of Citizenship:** A matter between individual or corporate citizens of different states and the amount in controversy exceeds \$75,000.
- ☒ **Federal Question:** Claim arises under the Constitution, laws, or treaties of the United States.

If you chose "Federal Question", state which of your federal constitutional or federal statutory rights have been violated.

1st Amendment - Freedom of speech

III. VENUE

This court can hear cases arising out of the Eastern District of Washington.

Under 28 U.S.C § 1391, this is the right court to file your lawsuit if: (1) All defendants live in this state AND at least one of the defendants lives in this district; OR (2) A substantial part of the events you are suing about happened in this district; OR (3) A substantial part of the property that you are suing about is located in this district; OR (4) You are suing the U.S. government or a federal agency or official in their official capacities and you live in this district. Explain why this district court is the proper location to file your lawsuit.

Venue is appropriate in this Court because:

A substantial part of events ~~sue~~ I am suing about happened in this district

IV. STATEMENT OF CLAIM

Place(s) of occurrence:

Eastern State Hospital

Date(s) of occurrence:

6/7/17, on 4/3/17 or around that date

State here briefly the FACTS that support your case. Describe how each defendant was personally involved in the alleged wrongful actions.

FACTS:

What happened to you?

I was a victim of racial slurs and Dr. Bahder has the final say so when some one is put on ward hold, he did not put Pavol Kojchek on ward hold he also used verbal threats all I did is call a nurse a bitch not to her face either someone heard me call her this, read attached

Another Patient Pavol Kolchek,
David Brent. The under lined is
the one who threatened and used
racial slurs. David Brent another
Victim. Dan Lucas another victim

Was
anyone
else
involved?

Pavol Kolchek used racial slurs
against Elliott GOODIN,
DAVID Brent, Dan Lucas
and the Eastern State Hospital
did nothing at all.

Who did
what?

V. INJURIES

If you sustained injuries related to the events alleged above, describe them here.

VI. RELIEF

The relief I want the court to order is:

☒ Money damages in the amount of: \$ 7,000,000

☐ Other (explain):

VII. CLOSING

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

6/9/17
Dated

Elliott D. Goodin
Plaintiff's Signature

GOODIN, ELLIOTT, D.
Printed Name (Last, First, MI)

800 maple st Medical lake WA 99022
Address City State Zip Code

(509) 565-4138 (509) 565-4641
Telephone Number E-mail Address (if available)

List the same information for any additional plaintiffs named. Attach additional sheets of paper as necessary.

6/8/17

On 8/14/17 I will have been a patient at Eastern State Hospital. On at least 8 occasions I have been called nigger, the patient on every occasion has not have any disciplinary actions brought down on him. Yet I have called a nurse a bitch and have been placed on ward hold, and unable to smoke. Because I am African American I am being discriminated against. Now there are 3 other African Americans on my ward. Last night I was awoken by Pavol Kolchak yelling racial slurs this went on for about 30 minutes. If this had of been me yelling racial slurs I would have been on ward hold and unable to smoke. Because he is a white man also this morning he was calling an African American a monkey and a nigger without any repercussions.

This is clearly a violation of our 1st amendment rights and our civil rights. This hospital is telling me that I don't have my freedom of speech. I did not threaten any one in exercising my freedom of speech yet this patient not only used racial slurs, but he also threatened patients. And staff also the Dr. the psychiatrist aloud him with the core team ~~that~~ not have any privileges to be taken from him. Yet when an African American exercises freedom of speech we have to suffer consequences.